

<b>SOLICITATION, OFFER AND AWARD</b>		1. THIS CONTRACT IS A RATED ORDER UNDER DPAS (15 CFR 700)		RATING		PAGE 1 OF 126 PAGES	
2. CONTRACT NO.		3. SOLICITATION NO. RFP-HCFA-00-0047		4. TYPE OF SOLICITATION <input type="checkbox"/> SEALED BID (IFB) <input checked="" type="checkbox"/> NEGOTIATED BID (RFP)		5. DATE ISSUED	
6. REQUISITION/PURCHASE NUMBER 770-0-043104		7. ISSUED BY HEALTH CARE FINANCING ADMIN ACQUISITION GRANTS GROUP 7500 SECURITY BLVD. MS C2-21-15 BALTIMORE MD 21244-1850		CODE AGG/DMC		8. ADDRESS OFFER TO (If other than Item 7)	

NOTE : In sealed bid solicitations "offer" and "offeror" mean "bid" and "bidder"

**SOLICITATION**

9. Sealed offers in original and \_\_\_\_\_ copies for furnishing the supplies or services in the Schedule will be received at the place specified in Item 8, or if handcarried, in the depository located in \_\_\_\_\_ until 1400 ES local time 07/31/2000  
(Hour) (Date)

CAUTION : LATE Submissions, Modifications and Withdrawals : See Section L, Provision No. 52.214-7 or 52.215-1. All offers are subject to all terms and conditions contained in this solicitation.

10. FOR INFORMATION CALL:		A. NAME KIMBERLY TATUM		B. TELEPHONE (NO COLLECT CALLS) AREA CODE NUMBER EXT. 410 786-1009		C. E-MAIL ADDRESS ktatum@hcfa.gov	
---------------------------	--	---------------------------	--	--------------------------------------------------------------------------	--	--------------------------------------	--

11. TABLE OF CONTENTS			
(X)	SEC.	DESCRIPTION	PAGE(S)
PART I - THE SCHEDULE			
<input type="checkbox"/>	A	SOLICITATION/CONTRACT FORM	
<input checked="" type="checkbox"/>	B	SUPPLIES OR SERVICES AND PRICES/COST	
<input checked="" type="checkbox"/>	C	DESCRIPTION/SPECS./WORK STATEMENT	
<input checked="" type="checkbox"/>	D	PACKAGING AND MARKING	
<input checked="" type="checkbox"/>	E	INSPECTION AND ACCEPTANCE	
<input checked="" type="checkbox"/>	F	DELIVERIES OR PERFORMANCE	
<input checked="" type="checkbox"/>	G	CONTRACT ADMINISTRATION DATA	
<input checked="" type="checkbox"/>	H	SPECIAL CONTRACT REQUIREMENTS	
(X)	SEC.	DESCRIPTION	PAGE(S)
PART II - CONTRACT CLAUSES			
<input checked="" type="checkbox"/>	I	CONTRACT CLAUSES	
PART III - LIST OF DOCUMENTS, EXHIBITS AND OTHER ATTACH.			
<input checked="" type="checkbox"/>	J	LIST OF ATTACHMENTS	
PART IV - REPRESENTATIONS AND INSTRUCTIONS			
<input checked="" type="checkbox"/>	K	REPRESENTATIONS, CERTIFICATIONS AND OTHER STATEMENTS OF OFFERORS	
<input checked="" type="checkbox"/>	L	INSTR., CONDS., AND NOTICES TO OFFERORS	
<input checked="" type="checkbox"/>	M	EVALUATION FACTORS FOR AWARD	

**OFFER (Must be fully completed by offeror)**

NOTE : Item 12 does not apply if the solicitation includes the provisions at 52.214-16, Minimum Bid Acceptance Period.

12. In compliance with the above, the undersigned agrees, if this offer is accepted within \_\_\_\_\_ calendar days (60 calendar days unless a different period is inserted by the offeror) from the date for receipt of offers specified above, to furnish any or all items upon which prices are offered at the price set opposite each item, delivered at the designated point(s), within the time specified in the schedule.

13. DISCOUNT FOR PROMPT PAYMENT (See Section I, Clause No. 52-232-8)		10 CALENDAR DAYS %	20 CALENDAR DAYS %	30 CALENDAR DAYS %	CALENDAR DAYS %
14. ACKNOWLEDGEMENT OF AMENDMENTS (The offeror acknowledges receipt of amendments to the SOLICITATION for offerors and related documents numbered and dated):		AMENDMENT NO.	DATE	AMENDMENT NO.	DATE
15A. NAME AND ADDRESS OF OFFEROR		CODE	FACILITY	16. NAME AND TITLE OF PERSON AUTHORIZED TO SIGN OFFER (Type or print)	
15B. TELEPHONE NUMBER AREA CODE NUMBER EXT.		15C. CHECK IF REMITTANCE ADDRESS IS DIFFERENT FROM ABOVE - ENTER SUCH ADDRESS IN SCHEDULE. <input type="checkbox"/>		17. SIGNATURE	
				18. OFFER DATE	

**AWARD (To be completed by government)**

19. ACCEPTED AS TO ITEMS NUMBERED		20. AMOUNT		21. ACCOUNTING AND APPROPRIATION	
22. AUTHORITY FOR USING OTHER THAN FULL AND OPEN COMPETITION : <input type="checkbox"/> 10 U.S.C. 2304(c) ( ) <input type="checkbox"/> 41 U.S.C. 253(c) ( )		23. SUBMIT INVOICES TO ADDRESS SHOWN IN (4 copies unless otherwise specified)		ITEM	
24. ADMINISTERED BY (If other than item 7)		CODE		25. PAYMENT WILL BE MADE BY CODE	
26. NAME OF CONTRACTING OFFICER (Type or print)		27. UNITED STATES OF AMERICA (Signature of Contracting Officer)		28. AWARD DATE	

**CONTINUATION SHEET**

NAME OF OFFEROR OR CONTRACTOR

ITEM NO.	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	PART I - THE SCHEDULE				
	SECTION B - SUPPLIES OR SERVICES AND PRICES/COSTS				
	<u>BASE (TWO YEARS)</u>				
0001	Independent verification and validation (IV&V) technical support	1	LOT		\$
				Total Estimated Cost	\$
				Fixed Fee	\$
				Total Estimated Cost	
				Plus Fixed Fee	\$
	<u>OPTION YEAR A</u>				
0002	Independent verification and validation (IV&V) technical support	1	LOT		\$
				Total Estimated Cost	\$
				Fixed Fee	\$
				Total Estimated Cost	
				Plus Fixed Fee	\$
	<u>OPTION YEAR B</u>				
0003	Independent verification and validation (IV&V) technical support	1	LOT		\$
				Total Estimated Cost	\$
				Fixed Fee	\$
				Total Estimated Cost	
				Plus Fixed Fee	\$
	<u>OPTION YEAR C</u>				
0004	Independent verification and validation (IV&V) technical support	1	LOT		
				Total Estimated Cost	\$
				Fixed Fee	\$
				Total Estimated Cost	
				Plus Fixed Fee	\$